



April 21, 2014

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

**Re: March 2014 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

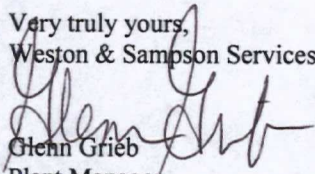
Please find enclosed the March 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters sampled throughout the month were within permitted limits.
- Quarterly Bioassay results were >100%.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.


Glenn Grieb
Plant Manager
Enclosure

Cc: Martha Goodwin – NJDEP
Stephen Joyce – SC Holdings, Inc.
Mark Devine – SC Holdings, Inc.
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

294328



Connecticut 273 Dividend Road Rocky Hill, CT 06067	Rhode Island 477B Tiogue Avenue Coventry, RI 02816	New Hampshire 100 International Drive Suite 152 Portsmouth, NH 03801	Maine PO Box 189 York, ME 03909	Vermont 96 South Main Street Suite 2 Waterbury, VT 05676	New York 301 Manchester Road Suite 201A Poughkeepsie, NY 12603	Florida 1990 Main Street Suite 750 Sarasota, FL 34236
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When it's essential...it's Weston&Sampson.®

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.

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 *NJ Permit Equivalent

REPORTING PERIOD

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M o. Y r.

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M o. Y r.

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<u>PERMITTEE:</u>	Name:	SCA Services, Inc.
	Address:	383 Meadow Road
		Edison, New Jersey 08817
<u>FACILITY:</u>	Name:	Kin-Buc Landfill
	Address:	383 Meadow Road
		Edison, New Jersey 08817
	Telephone:	732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
 ___ T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
 ___ EPA Form 3320-1

DYE TESTING YES NO
 ___ X

SLUDGE REPORT-INDUSTRIAL
 ___ T-VWX-010A ___ T-VWX-010B

TEMPORARY BYPASSING ___ X

DISINFECTION INTERRUPTION ___ X

WASTEWATER REPORTS
 ___ T-VWX-011 ___ T-VWX-012 ___ T-VWX-013

MONITORING MALFUNCTIONS ___ X

GROUNDWATER REPORTS
 ___ T-VWX-015(A,B) ___ T-VWX-016 ___ T-VWX-017
 ___ ELECTRONIC SUBMISSION

UNITS OF OPERATION ___ X

OTHER ___ X

NPDES DISCHARGE MONITORING
 1 EPA Form 3320-1

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Glenn Grieb
 Grade & Registry No. N-4, 0021212
 Signature

Name (Printed) Glenn Grieb
 Title (Printed) Plant Operations Manager
 Signature

Date April 21, 2014

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

MONTH

0	3
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YEAR

1	4
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Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
5	4	8	8	8	8	8	8	0	8	8	8	7	4	4	2
0	4	16	16	16	16	16	8	4	16	10	6	8	12	0	0
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
8	5	0	8	0	0	0	8	8	8	8	8	0	0	9	
8	8	8	8	8	4	4	8	8	8	8	8	0	0	8	

PERMITTEE NAME/ADDRESS
NAME:
ADDRESS

FACILITY
LOCATION

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER:			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	03	01	14	03	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.020237	0.030147	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	7.60	*****	8.31	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	0.44	0.5	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	15.57	17.59	kg/day	*****	192	198	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	1.70	1.70	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.18	0.23	kg/day	*****	1.95	2.50	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	5.44	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4:0 MIN Instantaneous	*****	*****			weekly	grab
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 04 21		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

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LOCATION

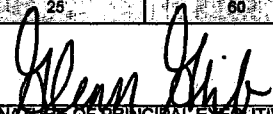
ATTN:

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383 MEADOW ROAD
EDISON, NEW JERSEY 08817

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EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.0000285	<0.0000494	kg/day	*****	0.40	0.72	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000179	<0.0000254	kg/day	*****	0.2	0.4	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
1,1-DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000108	<0.0000122	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000081	<0.0000094	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000081	<0.0000094	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab
TOLUENE	SAMPLE MEASUREMENT	<0.0000551	0.000981	kg/day	*****	0.78	1.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab
1,2-TRANS-DICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000108	<0.0000122	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		<p>I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)</p>				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732	572-4743	14	04
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME
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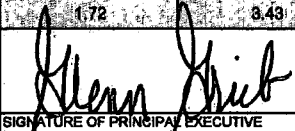
SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
LOCATION
ATTN:

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	03	01		14	03	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000073	<0.0000085	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000125	<0.0000143	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000028	<0.0000033	kg/day	*****	<0.035	<0.035	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000037	<0.0000042	kg/day	*****	<0.05	<0.05	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000049	<0.0000056	kg/day	*****	<0.060	<0.060	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000081	<0.0000094	kg/day	*****	<0.100	<0.100	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000035	<0.0000041	kg/day	*****	<0.044	<0.044	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		14 04 21	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	

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<0.00017

PERMITTEE NAME/ADDRESS

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER		
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000155	<0.0000179	kg/day	*****	<0.190	<0.190	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0000562	<0.0001124	kg/day	*****	<0.587	<1.1	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000013	<0.0000016	kg/day	*****	<0.017	<0.017	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000023	<0.0000026	kg/day	*****	<0.026	<0.027	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000046	<0.0000073	kg/day	*****	<0.05	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000046	<0.0000073	kg/day	*****	<0.05	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000048	<0.0000072	kg/day	*****	<0.06	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		14 04 21			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

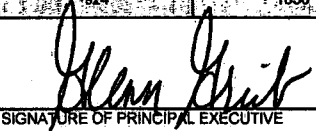
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000048	<0.000072	kg/day	*****	<0.06	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)				
ARSENIC	SAMPLE MEASUREMENT	0.0005830	0.0007060	kg/day	*****	6.60	7.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.028		*****	85.8	172				
CADMIUM	SAMPLE MEASUREMENT	<0.0001959	<0.0002248	kg/day	*****	2.2	2.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112				
CHROMIUM	SAMPLE MEASUREMENT	0.0004007	0.0004598	kg/day	*****	4.50	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	188	380				
COPPER	SAMPLE MEASUREMENT	0.0003312	0.0004093	kg/day	*****	3.9	5.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10				
LEAD	SAMPLE MEASUREMENT	0.0001247	0.0001430	kg/day	*****	1.40	1.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10				
NICKEL	SAMPLE MEASUREMENT	0.0036526	0.0048224	kg/day	*****	41.0	47.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	824	1850				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		14 04 21	
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC	SAMPLE MEASUREMENT	0.0016207	0.0018595	kg/day	*****	18.2	18.2	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350				weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0006364	<0.0013282	kg/day	*****	6.9	13.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4				weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0202900	0.0468955	kg/day	*****	213.4	459.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500				weekly	comp
IRON	SAMPLE MEASUREMENT	0.0178876	0.0323875	kg/day	*****	195.5	317.0	ug/L	0	1/week	comp	
	PERMIT REQUIREMENT	80.8	162		*****	532000	1070000				weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	>100%	*****	*****	%	0			
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****				see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.285	0.270	mg/l	0			
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0				2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***			
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				Glenn Grieb		TELEPHONE		DATE		
Glenn Grieb Project Manager								732	572-4743	14	04	21
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)										



**NJPDES BIOMONITORING REPORT FORM-ACUTE TOXICITY
EPA METHOD 2007.0**



Permit Number #: Permit Equivalent	DSN: 001
Facility name:	Kin-Buc Landfill
Facility address:	383 Meadow Road Edison, NJ
Facility contact person:	Glen Grieb
Phone number:	732.561.7600
Acute toxicity laboratory:	QC Laboratories Aquatic Toxicology Division 1205 Industrial Blvd Southampton, PA 18966
/NELAC certification number:	PA166

Test Specifications:

Effluent Type: Final

Test Type: Modified static renewal (24-hour)

Test Results:

Test Start: 03/25/14 13:50

Test End: 03/29/14 13:30

Test endpoint: LC50

Highest percent mortality in top test concentration: 0.0%

REPORT THIS VALUE.....>100%

95% Confidence Interval: NA

Test organism: Mysid Shrimp
common name

Mysidopsis bahia
scientific name

Quality Control Summary

Control Mortality (%): 0.0%

Temperature maintained within 20 +/- 1 °C? Yes

Dissolved Oxygen Levels always greater than 40% saturation? Yes

Two or more concentrations exhibit a trend deviation? No

Certification:

Accuracy of report certified by:

~~Robert A. Martino~~
~~Laboratory Director~~

Date _____

Test Organism Data:

Test organism source: Marisco

Test Organism Acclimation:

Is the culture water and test dilution water the same, and are the culture water temperature and dilution water temperature identical? No

Mysid, Daphnids and Cladocerans:

Initial number of organisms: 150
 Test organism age at start of test (days): 4 days
 Culture water source: 40 Fathoms
 Culture water salinity: 25 ppt
 Culture water temperature: 25°C
 Dilution water source: In-house
 Dilution water salinity upon collection: NA
 Dilution water temperature upon collection: NA
 Number of mortalities: < 5%

Test Design:

Number of effluent test concentrations: 5
 Number of replicates/test concentration: 4
 Number of test organisms/replicate: 5
 Volume of liquid in test chambers (liters): 0.20
 Flow-through bioassay exchange rate (cycles/day): NA

Effluent sampling:

Plant sampling location: Final effluent just before weir.
 Effluent type: Final.
 Discharge: Continuous
 Effluent sample type: 24 hour composite

Effluent Sample Collection				Initial Parameters In Laboratory					Use in Toxicity Tests		Holding Time
<i>Beginning</i> date	<i>time</i>	<i>Ending</i> date	<i>time</i>	<i>temp</i> °C	<i>pHi / pHs</i>	<i>d.o</i> mg/L	<i>Cond</i> umhos	<i>Chlorine</i> ppm	<i>date(s)</i>	<i>time(s)</i>	<i>(first use)</i> hours
03/23/14	8:00	03/24/14	8:00	5.0	8.18	10.5	9780	< 0.1	03/25/14	13:50	29:50
03/24/14	11:00	03/25/14	11:00	5.0	8.29	11.4	10030	< 0.1	03/26/14	13:45	26:45
03/25/14	11:00	03/26/14	11:00	5.0	8.29	10.7	10130	< 0.1	03/27/14	13:50	27:55
03/26/14	13:30	03/27/14	13:30	5.0	8.34	9.6	10200	< 0.1	03/28/14	13:50	24:20

Testing location: QC Laboratories

Effluent Sample Adjustments

Were any salinity adjustments made? Yes

If yes, specify the source of sea salts, brine or water used: Dry 40 Fathoms (biotechnical grade)

Were any pH adjustments made? No.

-----pH / Chlorine Adjustment-----

Sample Used	Volume Adjusted	pH prior to Salting	Salinity ppt	pH after Salting	ml's 0.2N HCl Used	pH after Adjustment	TRC sample	Amt. STS added (mgs)	TRC after Addition

Was the effluent sample filtered in any manner? No

If yes, please specify the mesh size:

Were any adjustments to the level of chlorine made? No.

If yes, specify the dechlorination agent used and the amount of reagent used: NA

Specify the chlorine levels prior to and after addition of the reagent: See data above.

Was an additional control included in the test containing the dechlorination agent? Yes, added to Control B.

Dilution Water:

Effluent receiving water: Raritan River.

Dilution water source: 40 fathoms

If a substitute dilution water was used, had its use been approved by the NJDEP in the acute methodology questionnaire?

Collection location: In-house

Collection date(s): NA

	0 hour	24 hour	48 hour	72 hour	96 hour
LC50/EC50 (% effluent)	>100%	>100%	>100%	>100%	>100%

Calculation method: No measurable acute toxicity.

Is the calculated LC50/EC50 valid according to the specifications of the method used? Yes

Miscellaneous:

Were any exposure chambers aerated during the test? No

If yes, specify concentrations and duration, including the lowest percent saturation reached prior to aeration and at what time:

Were the test organisms observed for appearance and behavior at least daily? Yes

Physical/Chemical Data

MHFW Dilution Water				100% Effluent			
<i>Sample Sequence</i>	<i>Alkalinity mg/L</i>	<i>Hardness mg/L</i>	<i>Ammonia* ppm</i>	<i>Sample Sequence</i>	<i>Alkalinity mg/L</i>	<i>Hardness mg/L</i>	<i>Ammonia* ppm</i>
D001	130	NA	NA	E001	356	NA	< 0.1
				E002	406	NA	0.91
				E003	433	NA	0.48
				E004	447	NA	< 0.1

*Ammonia analysis performed by QC Laboratories Analytical Laboratory, Certification PA166, by method SM 20th ed. 4500-NH3D

**Please note that the ammonia analysis is performed on composite samples unless otherwise noted.

Comments

Additional Comments:

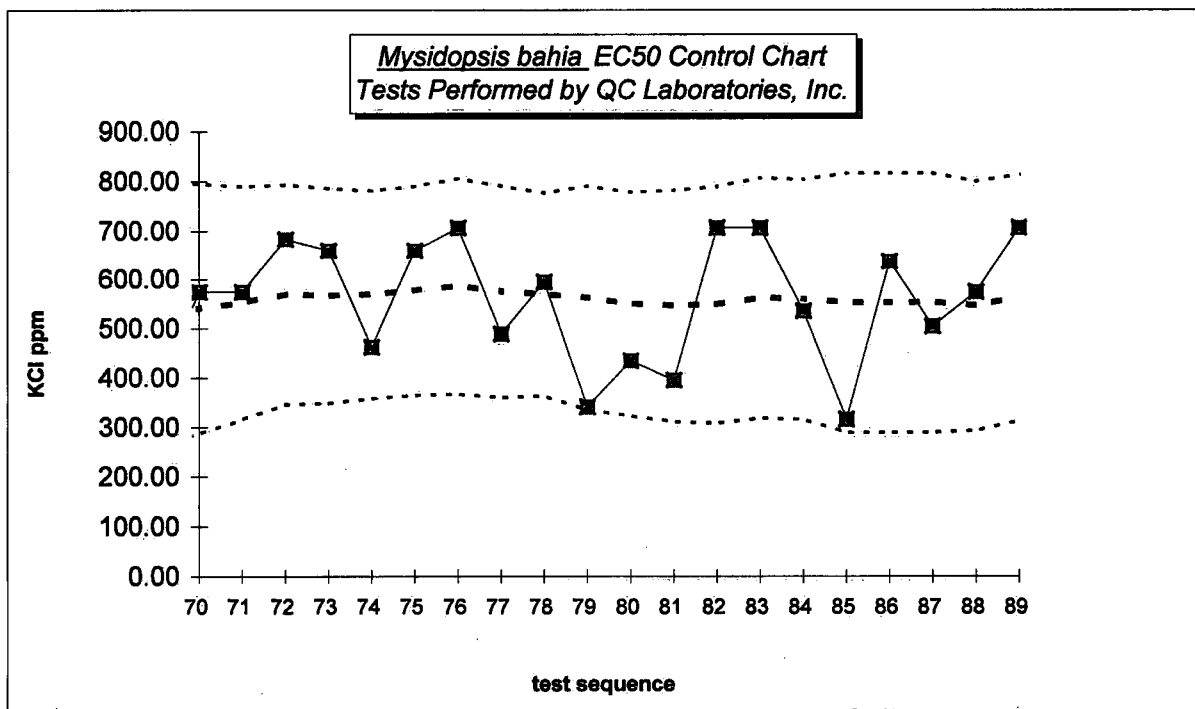
Bioassay Deliverables Check List

	Yes	No	NA	Reviewer
1.0 Dates of testing match raw data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CBE
2.0 Facility Name, NPDES Number, DSN Number Complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.0 Control mortality less than 10% for acutes or less than 20% for chronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.0 Temperature maintained within 1°C for acute and chronic studies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.0 Dissolved oxygen levels always greater than 40% saturation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.0 Test design complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.0 Effluent sampling section complete and holding times are less than 36 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.0 Temperature at time of sampling recorded on chain of custody	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.0 Dilution water sampling section complete	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.0 Chain of custody present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.0 Test results complete and match statistics pages (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.0 For chronics are PMSD values within acceptable ranges for given species*	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13.0 Two or more concentrations exhibit a trend deviation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14.0 SRT Data attached and current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.0 Approval for variance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16.0 Lims Number at bottom center of page matches report number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.0 Serial Number correct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.00 Applicable Method Number clearly indicated on front page of report	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Acceptable PMSD Values**

Test Method	Endpoint	10th PMSD	90th PMSD
Ceriodaphnia dubia	Reproduction	13	47
Fathead Minnow	Growth	12	30
Inland Silverside	Growth	11	28
Mysid Shrimp	Growth	11	37
Sheepshead Minnow	Growth	6	23

QA Review: Michelle Jadico Date: 04/11/14
 Printed Name: Michelle Jadico



Date	test number	LC50 ppm	MEAN	UCL 2SD	LCL 2SD	STDV	STDVX2
11/6/2012	70	574.35	541.49	795.86	287.13		
12/4/2012	71	574.35	553.01	790.00	316.01		
1/8/2013	72	683.02	569.48	793.55	345.41		
2/7/2013	73	659.75	567.11	786.00	348.22		
3/5/2013	74	462.71	569.84	781.63	358.05		
4/9/2013	75	659.75	577.44	790.75	364.14		
5/7/2013	76	707.11	586.52	805.89	367.15		
6/4/2013	77	489.11	575.62	791.40	359.84		
7/9/2013	78	594.60	569.99	777.03	362.96		
8/6/2013	79	341.51	562.92	791.06	334.78		
8/28/2013	80	435.28	550.53	778.12	322.95		
8/28/2013	81	395.26	546.97	782.20	311.74		
9/4/2013	82	707.11	549.34	790.24	308.44		
9/4/2013	83	707.11	562.96	807.34	318.58		
10/2/2013	84	535.89	560.03	804.22	315.83		
11/5/2013	85	316.25	553.31	816.80	289.81		
12/3/2013	86	637.28	553.31	816.80	289.81		
1/14/2014	87	504.60	553.52	816.84	290.20		
2/11/2014	88	574.35	546.88	800.42	293.35		
3/4/2014	89	707.11	563.32	813.44	313.21		
CV		22.2%					



EPA TEST METHOD 2007.0-ACUTE TESTING WITH AMERICAMYSIS BAHIA

Study Number: 4985440 Client: Km-Buc
 Protocol: EPA/821-R-02-012 NJ Water Bath/Incubator: 26
 Date Initiated: 3-25-14 Time Initiated: 1350
 Date Terminated: 3-29-14 Time Terminated: 1330
 Test Duration: 24-hour 48-hour 72-hour 96-hour Other:
 Test Type: 6-hour static renewal 24-hour static renewal static-no renewal
 flow-through/dilutor used: other:
 Test Material: Effluent Receiving Water Non Contact/Contact Cooling Water
 Pure Compound: SRT Solution / Lot #:
 Other:
 Dilution Water: Receiving Waters: Synthetic / Lot #: Salt / SWL9020714
 Test Concentrations: control 20 40 60 80 100 1
 1 2 3 4 5 6 7 8 units
 Salt Added to Effluent Y N Test Salinity: 25 ppt Brand of Artificial Salts Used: 40-Fathoms Other:
 Test Volume(ml's): 100 200 250 500 1000 other:
 Number of Replicates: 2 4 5 other: Number of Organisms / Replicate: 5 10 other:
 Test Temperature (°C): 20 22 25 other:
 Test Species: Mysid Shrimp Mysidopsis bahia
 Source: In house Commercial Supplier: MBL
 Lot Number: MYMBLO32114 Age at test initiation: 4 days Age range: 24hr
 Original Number of Organisms Acclimated: used @ receipt
 Acclimation Initiated: Date: Time: T_i °C: pH_i D.O._i Sal._i
 Acclimation Terminated: Date: Time: T_f °C: pH_f D.O._f Sal._f
 Time Organisms remained in 100% Dilution Water: % Dead:
 Time Organisms Added to Test Chambers:

Comments

VERIFICATION OF LABORATORY DIRECTOR

DATE



MORTALITY/BEHAVIORAL OBSERVATIONS INVERTEBRATE TESTS

Study Number: 4985446

REP	CONC (%)	OBSERVATION TIME FROM T=0									
		0 hours		<u>24</u> hours		<u>48</u> hours		<u>72</u> hours		<u>96</u> hours	
		alive	obs	alive	obs	alive	obs	alive	obs	alive	obs
1A	Control	5	N	5	N	5	N	5	N	5	N
1B											
1C											
1D											
2A											
2B	<u>20</u>										
2C											
2D											
3A											
3B	<u>40</u>										
3C											
3D											
4A											
4B	<u>60</u>										
4C											
4D											
5A											
5B	<u>80</u>										
5C											
5D											
6A											
6B	<u>100</u>										
6C											
6D		↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
7A											
7B											
7C											
7D											
8A											
8B											
8C											
8D											

Signature	<u>AS</u>	<u>MM</u>	<u>MM</u>	<u>MM</u>	<u>DM</u>
Date	<u>3-25-14</u>	<u>3-26-14</u>	<u>3-27-14</u>	<u>3-28-14</u>	<u>3-28-14</u>
Renewal Time	<u>1350</u>	<u>1345</u>	<u>1350</u>	<u>1350</u>	<u>1330</u>
Sample Used					

Observations:

D Dead: no appendage movement
F Fed

C Cannibalized
I Immobile

REMARKS

Reviewed by:
Page 2 of 3



Physical/Chemical Parameters Sheet

Study Number: 4985446

T=0/24 Hrs

/.		temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial	19.0	9.0	8.27	24.0	
	final	19.0	8.1	8.05	24.9	
20	initial	19.4	9.0	8.30	24.8	
	final	19.0	8.0	8.11	25.4	
40	initial	19.8	9.0	8.30	25.1	
	final	19.0	8.2	8.26	25.6	
60	initial	19.9	8.9	8.29	25.3	
	final	19.0	8.2	8.26	26.2	
80	initial	20.4	8.9	8.29	25.5	
	final	19.0	8.1	8.27	26.2	
100	initial	21.0	8.8	8.28	25.7	
	final	19.0	8.0	8.31	26.7	
Initials		AS MW f comments				
Date		3-25-14 3-26-14 f				
Time		1350 1345 f				
Therm. ID		CP149 CP150 f				

T=24/48 Hrs

/.		temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial	19.8	8.4	8.30	24.0	
	final	19.0	8.2	8.01	25.0	
20	initial	20.0	8.6	8.30	24.3	
	final	19.0	8.2	8.18	25.8	
40	initial	20.3	8.5	8.30	24.8	
	final	19.0	8.1	8.28	26.5	
60	initial	20.6	8.4	8.29	25.3	
	final	19.0	8.0	8.36	26.6	
80	initial	20.8	8.4	8.29	25.8	
	final	19.0	8.0	8.35	26.6	
100	initial	21.0	8.4	8.29	26.3	
	final	19.0	8.1	8.35	26.9	
Initials		MW MW f comments				
Date		3-26-14 3-27-14 f				
Time		1359 1350 f				
Therm. ID		CP150 CP149 f				

T=48/72 Hrs

/.		temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial	19.1	8.5	8.26	24.2	
	final	20.9	8.0	8.05	24.8	
20	initial	19.1	8.5	8.27	24.9	
	final	20.9	8.1	8.15	25.1	
40	initial	19.3	8.6	8.28	25.1	
	final	20.9	8.1	8.20	26.1	
60	initial	19.5	8.6	8.27	26.1	
	final	20.8	8.0	8.16	26.6	
80	initial	19.6	8.6	8.27	26.3	
	final	21.0	7.8	8.29	27.2	
100	initial	19.8	8.7	8.27	26.8	
	final	21.0	7.7	8.33	28.2	
Initials		MW MW f comments				
Date		3-27-14 3-28-14 f				
Time		1405 1350 f				
Therm. ID		CP149 CP151 f				

T=72/96 Hrs

/.		temp °C	do mg/l	pH units	Sal ppt	con umhos (x100)
control	initial	21.0	8.2	8.18	24.1	
	final	21.0	7.9	8.03	24.7	
20	initial	21.0	8.4	8.27	24.4	
	final	20.9	7.9	8.12	24.8	
40	initial	20.9	8.4	8.27	24.5	
	final	20.8	8.1	8.20	24.9	
60	initial	20.9	8.2	8.26	24.6	
	final	21.0	8.1	8.23	25.0	
80	initial	21.0	8.2	8.25	24.2	
	final	21.0	8.0	8.26	25.0	
100	initial	21.0	8.2	8.28	24.2	
	final	21.0	7.9	8.28	25.1	
Initials		MW OM f comments				
Date		3-28-14 3-29-14 f				
Time		1400 1330 f				
Therm. ID		CP151 CP151 f				

Reviewed by: _____

Study: 4985446

RANDOMIZATION BOARD TEMPLATES 6x4

Randomization Template 6x4-A

6A	3A	4C	3B
4A	3D	2C	4D
1C	6D	2A	6B
4A	6C	5D	3C
5A	2B	2D	1B
5C	1A	1D	4B

Randomization Template 6x4-B

5A	1D	2A	3C
6B	1C	4A	5D
6C	2B	3D	6D
4B	6A	3B	5B
4D	3A	2D	1B
2C	1A	5C	4C

Randomization Template 6x4-C

1B	2B	4A	6C
6B	1A	4C	5A
3B	3D	6A	4B
1C	2D	4D	2A
5B	2C	3A	1D
6D	5C	3C	5D

Randomization Template 6x4-D

4A	2B	6C	1B
6A	2C	5B	3D
3B	1A	2A	5A
5D	1D	3A	D
2D	4B	1C	3C
4C	5C	6B	6D





ORGANISM LOG-IN SHEET

Date / Time of Receipt: 3-25-14 / 1000

Person Accepting: Tara Gallagher

Organism Source: MBL

Species: Mysidopsis bahia

Date Born / Age / Lot Number: 3-21-14 / 4 days / MYMBL032114, 3-18-14 / 7 days / MYMBL031814

Percent Mortality at Receipt: < 1%, < 1%

Organism Stress at Receipt: normal stressed due to: temp low do other

Initial Measurements at Organism Receipt:

Temp (°C): 20.3, 20.3

Salinity (ppt): 18.4, 19.5

DO (mg/L): 20.1, 22.5

pH: 7.76, 7.59

Alkalinity (mg/L):

Hardness (mg/L):

Designated Culture Tank:

Designated Study(s):

Are Parameters within 10% of Intended Culture System:

Date / Time Organisms added to Culture System:

Check for Parasites: + / -

Check for Fungal or Bacterial Disease: + / -

Were any Prophylactic Treatments used: N Y (explain):

Comments:

note: attach copy of supplier data sheet to this log

1205 Industrial Blvd., P.O. Box 514, Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231



NELAP Certification # E84191

Shipment Record

State of Florida Aquaculture Certificate Number AQ0668007

Shipping Date: 3/24/14

Ship to: QC Labs

P.O. No: _____

Species	Quantity	Age	Brood/Lot Number	Temp. (°C)	pH (S.U.)	Salinity (‰)
<i>Americamysis bahia</i>	300	6 DAYS	MS140318	25	7.9	20
	600	3 DAYS	MS140321	25	7.9	20
<i>Menidia beryllina</i>	550*	9 DAYS	SS140315	25	7.9	20
						Hardness mg/L
<i>Cyprinella leedsi</i>						
<i>Pimephales promelas</i>	800	<24hrs	FM140323-1515	25	7.8	80
<i>Ceriodaphnia dubia</i>						
<i>Daphnia magna</i>						
YCT						
<i>P. subcapitata</i>						

Packed by: PM

Shipped Via: Fed Ex

Notes: * 6-8 days

Thank you for your order.



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 4985446Facility Name or Code: Kn-BucTest Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ OtherSample Number: ☒ D001 ☐ D002 ☐ D003 ☐ E001 ☐ E002 ☐ E003 ☐ E004 ☐ E005 ☐ E006If sample is comprised of splits, will the splits be homogenized prior to use:
(note: if split, assign A, B, C...to sample number—add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample: ☐ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water
☒ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:Location of Sampling: ☐ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet
☐ Receiving Waters _____ ☐ Other:Sample type: ☐ Grab ☐ 24 Hour Composite ☐ _____ Hour Composite
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection:

Date/Time Initiated:

Date/Time Terminated:

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ NoVolume of Sample: _____ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless SteelStorage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: _____
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☐ Contained ☐ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

X JWLG 072013 020714

Sample Data and Use

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
23.1	8.05	7.8	40,090	LO-1					
Notes: salinity = 25.6 ppt									

*Conductivity measured in umhos; salinity measured in o/oo

Sample Manipulations:

☒ Sealed☐ pH Adjusted

mL's 0.1 N HCL _____

mL's 0.1 N NaOH _____

☐ Final pH _____☐ Aerated/Due to:☐ Supersaturation☐ D.O. < 40% of Sat. / final D.O. after aeration: _____ mg/L☐ Dechlorinated

_____ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:



1205 Industrial Blvd. Phone: 215-355-3900
Southampton, PA 18966-0514 Fax: 215-355-7231

CHAIN OF CUSTODY

Page 1 of 1

Client/Acct. No. AS0032/KW-BK

Address LANDRU

City/State/Zip EDISON, NJ

Phone/Fax

Client Contact GLEN GRIEB

Bill to/Report to: (if different)

Sampling Site Address: (if different)

P.O. No.

QC Contact

Lab LIMS No:

4985444

MATRIX CODES

DW: DRINKING WATER

GW: GROUND WATER

WW: WASTEWATER

SO: SOIL

SL: SLUDGE

OIL: OIL

SOL: NON SOIL SOLID

MI: MISCELLANEOUS

X: OTHER

LAB USE ONLY:

Ascorbic/HCl Vials # HCl Vials

Na₂S₂O₃

Na OH/Zn acetate pH

HNO₃ pH

H₂SO₄ pH

NaOH pH

Unpreserved

Hcl pH

Temp control ID#

Field pH, Temp (C or F),
DO, Cl₂, S. Cond. etc.

ANALYSIS REQUESTED

BIOASSAY

PROJECT

Collection

GRAB
COMB

Matrix
Code

Number of Containers

FIELD ID

Date

Military Time

EFFLUENT DISCHARGE

3-23-14

0800

NEW

1

1

1

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1

SAMPLED BY: (Name/Company)

AS/QC

Verbal/fax data due: / /

Hardcopy due: / /

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

Report Format: ☐ Standard ☐ Forms

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Field Parameters Analyzed By:

Sig:

Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER

1 Glen Grieb

RELINQUISHED BY Glen Grieb

RELINQUISHED BY

RELINQUISHED BY

RELINQUISHED BY

RELINQUISHED BY

RELINQUISHED BY

RELINQUISHED BY

DATE

3-24-14

DATE

3-25-14

DATE

DATE

DATE

DATE

DATE

TIME

1700

TIME

700

TIME

TIME

TIME

TIME

TIME

RECEIVED BY

1 Coalen - 33

RECEIVED BY

2 nm

RECEIVED BY

RECEIVED BY

RECEIVED BY

RECEIVED BY

RECEIVED BY

DATE

3-24-14

DATE

3-25-14

DATE

DATE

DATE

DATE

DATE

TIME

1700

TIME

700

TIME

TIME

TIME

TIME

TIME

DELIVERY METHOD: ☒ QC COURIER ☐ CLIENT

☐ UPS ☐ FEDEX ☐ OTHER

COMMENTS:

Custody Seal Number

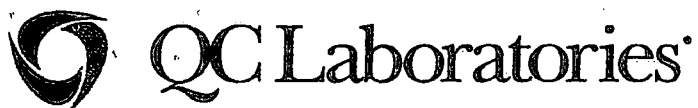
3-24-14

Hazardous: yes / no

4985444/AS/CLAD

For example to aid completion, see reverse side.

FINAL REPORT



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 4985446

Facility Name or Code: Km-Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ OtherSample Number: ☐ D001 ☐ D002 ☐ D003 ☒ E001 ☐ E002 ☐ E003 ☐ E004 ☐ E005 ☐ E006

If sample is comprised of splits, will the splits be homogenized prior to use:
(note: if split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample:

☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:

Location of Sampling:

☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet
☐ Receiving Waters ☐ Other:

Sample type:

☐ Grab ☒ 24 Hour Composite ☐ Hour Composite
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection:

Date/Time Initiated:	Date/Time Terminated:
----------------------	-----------------------

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: _____ Liters / Gallons

Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions:

☐ Iced/Cooler Temp. (°C) upon collection: _____
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By:	Date	Time
			<i>[Signature]</i>	3/25/14	700
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt:

☒ Contained ☐ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

Sample Data and Use

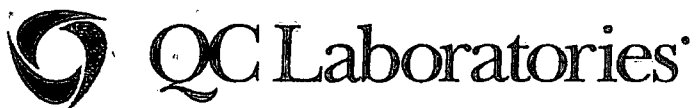
Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
5.0	8.18	10.5	9780	60.1	3/25/14	1350		3/26/14	800
Notes:									

*Conductivity measured in umhos; salinity measured in ppt

Sample Manipulations:

☒ Salted ☐ pH Adjusted mL's 0.1 N HCL _____ mL's 0.1 N NaOH _____ ☐ Final pH _____
☐ Aerated/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: _____ mg/L
☐ Dechlorinated _____ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 4985446

Facility Name or Code: Km-Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ OtherSample Number: ☐ D001 ☐ D002 ☐ D003 ☐ E001 ☒ E002 ☐ E003 ☐ E004 ☐ E005 ☐ E006If sample is comprised of splits, will the splits be homogenized prior to use:
(note: If split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample:

☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:

Location of Sampling:

☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet
☐ Receiving Waters _____ ☐ Other:

Sample type:

☐ Grab ☒ 24 Hour Composite ☐ _____ Hour Composite
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection:

Date/Time Initiated:	Date/Time Terminated:
----------------------	-----------------------

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ No

Volume of Sample: _____ Liters / Gallons

Container Type:

☐ FDA Grade Plastic ☐ Glass ☐ Stainless Steel

Storage and Transport Conditions:

☐ Iced/Cooler Temp. (°C) upon collection: _____
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By: <i>[Signature]</i>	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt:

☒ Contained ☒ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

Sample Data and Use

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
5.0	8.29	11.4	10030	10.1	3/26/14	1345		3/27/14	800
Notes:									

*Conductivity measured in umhos; salinity measured in o/oo

Sample Manipulations:

☒ Salted ☐ pH Adjusted mL's 0.1 N HCL _____ mL's 0.1 N NaOH _____ ☐ Final pH _____
☐ Aerated/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: _____ mg/L
☐ Dechlorinated _____ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:



1205 Industrial Blvd. Phone: 215-355-3900
Southampton, PA 18966-0514 Fax: 215-355-7231

CHAIN OF CUSTODY

Page 1 of 1

Lab LIMS No:

4985446

MATRIX CODES

DW: DRINKING WATER
GW: GROUND WATER
WW: WASTEWATER
SO: SOIL
SL: SLUDGE
OIL: OIL
SOL: NON SOIL SOLID
MI: MISCELLANEOUS
X: OTHER

LAB USE ONLY:

___ Ascorbic/HCl Vials # ___ HCl Vials
___ Na₂S₂O₃
___ Na OH/Zn acetate pH
___ HNO₃ pH
___ H₂SO₄ pH
___ NaOH pH
___ Unpreserved
___ HCl pH
___ Temp control ID#

Client/Acct. No. AS0032/KIN-BUC

Address LANDFILL

City/State/Zip Edison, NJ

Phone/Fax

Client Contact GLENN GRIEB

Bill to/Report to: (if different)

Sampling Site Address: (if different)

P.O. No.

QC Contact

PROJECT

Collection

GRAB

COMB

P

Matrix Code

Number of Containers

FIELD ID

Date

Military Time

EFFLUENT DISCHARGE

3-25-14

1100

X

1

ANALYSIS REQUESTED

Field pH, Temp (C or F),
DO, Cl₂, S. Cond. etc.

BIOASSAY

SAMPLED BY: (Name/Company)

AS/QC

Verbal/fax data due: / /

Hardcopy due: / /

Report Format: ☐ Standard ☐ Forms

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

Field Parameters Analyzed By:

Sig:

Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600).

RELINQUISHED BY SAMPLER

1

RELINQUISHED BY

2

RELINQUISHED BY

3

RELINQUISHED BY

4

RELINQUISHED BY

5

DATE

3-26-14

DATE

3-27-14

DATE

DATE

DATE

DATE

DATE

DATE

TIME

1700

TIME

700

TIME

TIME

TIME

TIME

TIME

TIME

RECEIVED BY

1

RECEIVED BY

2

RECEIVED BY

3

RECEIVED BY

4

RECEIVED BY

5

DATE

3-26-14

DATE

3-27-14

DATE

DATE

DATE

DATE

DATE

DATE

TIME

1700

TIME

700

TIME

TIME

TIME

TIME

TIME

TIME

DELIVERY METHOD: ☒ QC COURIER ☐ CLIENT

☐ UPS ☐ FEDEX ☐ OTHER

COMMENTS:

Hazardous: yes / no

Custody Seal Number

3-26-14

For example to aid completion, see reverse side.

FINAL REPORT



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 4985446

Facility Name or Code: Kin-Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ OtherSample Number: ☐ D001 ☐ D002 ☐ D003 ☐ E001 ☐ E002 ☒ E003 ☐ E004 ☐ E005 ☐ E006If sample is comprised of splits, will the splits be homogenized prior to use:
(note: if split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:Location of Sampling: ☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet
☐ Receiving Waters _____ ☐ Other:Sample type: ☐ Grab ☒ 24 Hour Composite ☐ _____ Hour Composite
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection:

Date/Time Initiated:	Date/Time Terminated:
----------------------	-----------------------

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ NoVolume of Sample: _____ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless SteelStorage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: _____
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By:	Date	Time
				3-27-14	700
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☒ Contained ☐ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

Sample Data and Use

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
5.0	8.29	10.7	10/130	20.1	3-27-14	1350		3-28-14	800
Notes:									

*Conductivity measured in umhos; salinity measured in g/gd

Sample Manipulations:

☒ Sealed ☐ pH Adjusted mL's 0.1 N HCL _____ mL's 0.1 N NaOH _____ ☐ Final pH _____
☐ Aerated/Due to: ☐ Supersaturation ☐ D.O. < 40% of Sat. / final D.O. after aeration: _____ mg/L
☐ Dechlorinated _____ mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments:



1205 Industrial Blvd. Phone: 215-355-3900
Southampton, PA 18966-0514 Fax: 215-355-7231

CHAIN OF CUSTODY

Page 1 of 1

Client/Acct. No. AS0032/KW BK

Address LANDFILL

City/State/Zip EDISON, NJ

Phone/Fax

Client Contact GLENN GRIEB

Bill to/Report to: (if different)

Sampling Site Address: (if different)

P.O. No.

QC Contact

Lab LIMS No:

4985446

MATRIX CODES

LAB USE ONLY:

Ascorbic/HCl Vials # HCl Vials

Na₂S₂O₃

Na OH/Zn acetate pH

HNO₃ pH

H₂SO₄ pH

NaOH pH

Unpreserved

Hcl pH

Temp control ID#

DW: DRINKING WATER

GW: GROUND WATER

WW: WASTEWATER

SO: SOIL

SL: SLUDGE

OIL: OIL

SOL: NON SOIL SOLID

MI: MISCELLANEOUS

X: OTHER

Field pH, Temp (C or F),
DO, Cl₂, S. Cond. etc.

ANALYSIS REQUESTED

BIOASSAY

PROJECT

Collection

GRAB

COMPOSITE

MATRIX CODE

Number of Containers

Total H₂O₂ HCl Y N H₂SO₄ NaOH ZnAc UNPRESERVED BACT

FIELD ID

Date

Military Time

EFFLUENT DISCHARGE

3-26-14

1330

X

WW

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1

1

1

SAMPLED BY: (Name/Company)

AS/QC

Verbal/fax data due: / /

Hardcopy due: / /

Report Format: ☐ Standard ☐ Forms

☐ Standard + QC ☐ NJ Reduced ☐ Disk

Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.

Field Parameters Analyzed By:

Sig:

Date/Time:

SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)

RELINQUISHED BY SAMPLER

1 Glenn Grieb

RELINQUISHED BY

2 Wm

RELINQUISHED BY

3

RELINQUISHED BY

4

RELINQUISHED BY

5

DATE

3-27-14

TIME

1700

DATE

3-28-14

TIME

700

DATE

TIME

RECEIVED BY

1 Coelen * 25

RECEIVED BY

2 Wm

RECEIVED BY

3

RECEIVED BY

4

RECEIVED BY

5

DATE

3-27-14

TIME

1700

DATE

3-28-14

TIME

700

DATE

TIME

DELIVERY METHOD: ☒ QC COURIER ☐ CLIENT

☐ UPS ☐ FEDEX ☐ OTHER

Custody Seal Number

3-27-14

COMMENTS:

Hazardous: yes / no

3°C at 145/1450

For example to aid completion, see reverse side.

FINAL REPORT



AQUATIC TOXICOLOGY LAB - CHAIN OF CUSTODY

Study Number: 4985446

Facility Name or Code: Km-Buc

Test Type: ☒ Acute ☐ Chronic ☐ Sediment ☐ Pure Compound ☐ OtherSample Number: ☐ D001 ☐ D002 ☐ D003 ☐ E001 ☐ E002 ☐ E003 ☒ E004 ☐ E005 ☐ E006If sample is comprised of splits, will the splits be homogenized prior to use:
(note: if split, assign A, B, C...to sample number--add Z if samples are homogenized.)

Splits to be homogenized:

Description of Sample: ☒ Effluent ☐ Non-Contact Cooling Water ☐ Contact Cooling Water
☐ Dilution Waters ☐ Groundwater/pump and treat ☐ Other:Location of Sampling: ☒ Final (post treatment) ☐ Final-Prechlorinated ☐ Final-Chlorinated ☐ Outfall Outlet
☐ Receiving Waters ☐ Other:Sample type: ☐ Grab ☒ 24 Hour Composite ☐ Hour Composite
☐ Time Proportional ☐ Flow Proportional ☐ Refrigerated/Iced in Field

Sample Collection:

Date/Time Initiated:

Date/Time Terminated:

Was sampler chain-of-custody seal intact at sample retrieval: ☐ Yes ☐ NoVolume of Sample: _____ Liters / Gallons Container Type: ☐ FDA Grade Plastic ☐ Glass ☐ Stainless SteelStorage and Transport Conditions: ☐ Iced/Cooler Temp. (°C) upon collection: _____
☐ Field Collected/Transported to Lab ☐ Overnight Courier

Relinquished by Sampler:	Date	Time	Received By:	Date	Time
			<i>[Signature]</i>	3-28-14	700
Relinquished by:	Date	Time	Received By:	Date	Time
Relinquished by:	Date	Time	Received By:	Date	Time

Condition of Sample upon Receipt: ☒ Contained ☐ Accepted ☐ Compromised / Explain below ☐ Rejected / Explain below

Sample Refrigerated (date/time/sig.):

Sample Data and Use

Initial Sample Data					Dates used in Toxicity Test		Sample	Sample Terminated	
temp (°C)	pH	D.O. (mg/L)	Cond./Sal*	TRC (ppm)	Date(s)	Time(s)	Split ID	Date	Time
5.0	8.34	9.6	10,200	60'	3/28/14	1350		3/29/14	800
Notes:									

*Conductivity measured in umhos; salinity measured in g/kg

Sample Manipulations:

☒ Salted☐ pH Adjusted☐ Aerated/Due to:☐ Dechlorinated

mL's 0.1 N HCL

☐ Supersaturation

mL's 0.1 N NaOH

☐ D.O. < 40% of Sat. / final D.O. after aeration:☐ Final pH

mg/L

mgs anhydrous sodium thiosulfate used per liter (show math below or back)

Comments: